



**Ministry of Health  
Sultanate of Oman**

# **GLOBAL YOUTH TOBACCO SURVEY (GYTS)**

**Report of the Sultanate of Oman**

**Prepared by**

**Sahar Abdou Helmi  
Jawad Al-Lawati  
Issa Al Shuaili**

**2003**

**Department of School Health &  
Department of Non-communicable Diseases  
Directorate General of Health Affairs**



## **Preface**

Nothing is more disheartening than seeing a young person lighting up. The global rise in the trend of tobacco use among youth is particularly worrisome. Over the past thirty years of renaissance in Oman, the country became increasingly open to the world markets. Unfortunately, the tobacco companies took this opportunity to market their deadly products to the youth.

As seen in the “Voice of Truth”, a recently released report of the World Health Organization on tobacco industry activities in the Eastern Mediterranean Region, through out the 1980s and 1990s, tobacco companies have hired market researchers to ask adolescents as young as 13 about their buying and leisure time habits and media consumption. I call upon all decision makers and tobacco control advocates to review this comprehensive report as it not only presents compelling evidence of the strategies adopted by the tobacco industry in the region, but also provides strong arguments to tackle the tobacco problem

The Global Youth Tobacco Survey (GYTS) a WHO/UNICEF supported project on youth and tobacco has provided an important insight into the perception of children towards smoking. The results of this survey has shown a high prevalence of tobacco use among the Omani youth ( 13-15 years) which is very alarming. What is even more daunting is the use of other forms of tobacco such as Shishah (water pipe) and chewing smokeless tobacco.

The national tobacco control committee is working hand in hand with other ministries, organizations and individuals to address the different aspects of the tobacco epidemic. This study has provided the necessary knowledge for evaluating the comprehensive tobacco control programme and redirecting national tobacco control plans to include evidence based activities aimed at saving young people from the health hazards of tobacco.

I would like to thank the Ministry of Education for their cooperation and efforts in facilitating the study in schools all over the Sultanate. I would also like to thank the Center for Disease Control and Prevention (CDC) in Atlanta and WHO and the Eastern Mediterranean region for their valuable support through out the survey. Finally, I applaud the efforts of the Departments of School Health and Non Communicable Disease Surveillance and Control for completing the survey and final report in a timely manner.

**Dr Ali Jaffer Mohammed**  
**Director General of Health Affairs**

### **Executive Summary**

The Oman Global Youth Tobacco Survey (Oman-GYTS) is first national survey which aims to monitor trends of tobacco use among young people in Oman periodically. It describes knowledge, attitudes, and behavior of youth regarding tobacco use in its many forms including Shishah and smokeless tobacco, exposure to environmental tobacco smoke (ETS), tobacco industry advertisements as well as counter-tobacco advertisements. In addition it attempts to gauge the extent to which youth receive health education regarding tobacco control in schools.

A two stage cluster sampling was employed across all government administered schools throughout the Sultanate. 1,962 young people aged 13-15 years had participated (1036 boys and 926 girls). A self-administered standardized multiple choice questionnaire was distributed to all students and answer sheet was collected at the end of a 45 minute period. The overall response rate was 96.6%.

One in five students ever smoked cigarettes in their lifetime, with the majority being boys (31.4%). One in five students (18.2%) is a current user of any tobacco product with 16% of boys and 2% of girls being hooked on cigarettes. The survey also shows the emerging epidemic of water-pipes, the use of which was alarmingly high (17% among boys and 3% among girls). In addition over 15% of boys and 3% of girls use smokeless chewing tobacco. The majority of students who smoked expressed their desire to stop (78%) with 67% of them have actually tried to stop this year.

The great majority of smokers (81%) and one third of never-smoker (27%) stated that they were widely exposed to environmental tobacco smoke (also know as passive smoking). Interestingly, the overwhelming majority (86%) of the students sampled expressed their desire that smoking should be banned from public places.

Regarding students attitudes, nearly one third to one half of students thought that boys and girls who smoke have more friends or look more attractive; these were more strongly believed by smoker students than no-smokers.

Three in four students stated that they saw pro-tobacco messages in newspapers and magazine. One in three girls and one in 10 boys had an object with a cigarette brand logo on it and a similar percentage was offered free cigarettes by the tobacco company representative.

Despite a law which bans the sell of cigarettes to youth under 18 years, the vast majority (86%) of smoker were not refused buying tobacco from stores.

The GYTS of Oman clearly illustrates the urgent need to curb the tobacco epidemic in Oman with a comprehensive tobacco control law against the

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

unleashed vengeance of tobacco companies and the need for further allocation of human and financial resources to combat the scourge of this 20-century man-made.

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

Preface .....	1
Introduction .....	5
Tobacco use in Oman.....	5
Objectives of Global Youth Tobacco Survey.....	6
Methods .....	7
Study design and sampling .....	7
Study questionnaire.....	8
Data collection.....	8
Analysis.....	9
Results.....	9
1. Tobacco use.....	10
2. Schools and tobacco .....	11
3. Cessation .....	11
4. Environmental tobacco smoke .....	11
5. Knowledge and attitudes .....	12
6. Media and advertising .....	13
7. Access and availability .....	13
Discussion .....	14
Conclusion and recommendations.....	16
References .....	17
Acknowledgment.....	18
Student's Questionnaire.....	21

### **Introduction**

Tobacco use is considered to be one of the main preventable cause of death, and it is implicated as an important factor contributing to morbidity and mortality all over the world. Currently, the World Health Organization (WHO) attributes 4 million deaths a year to tobacco use and this figure is expected to rise about 8.4 million by the year 2020. It is estimated that 70% of these deaths will occur in developing countries. In many countries, studies have revealed that most people start using tobacco in their teens with the median age of smoking being less than 15 years. Recent trends even indicate an earlier age of initiation among children and adolescents and thus contributing to an increasing smoking prevalence for this vulnerable group. If these patterns continue, tobacco will result in the death of 250 million children and adolescent alive today, many of whom live in the developing countries.

The WHO, United Nations Children Fund (UNICEF), and the Office on Smoking and Health (OSH), Centers for Disease Control and Prevention (CDC) established international programs and initiatives in order to combat tobacco use. Despite these efforts, tobacco companies still control markets and youths are their main target. Therefore, primary intervention strategies should be directed toward children and young people.

### **Tobacco use in Oman**

Most Omanis have always considered tobacco use as an evil. Leading religious leaders have issued rulings (fatwas) forbidding smoking and considered it “haram” and waste of financial resources. Nonetheless, with more openness of the country on world markets, smoking became widely spread in Oman especially among school children and youth.

Tobacco control program is one of the Ministry of Health’s (MOH) priorities in Oman. A National multi-sectoral committee was established in 1994 and re-formulated in 1997, by a Ministerial Decree, under the chairmanship of the Undersecretary of Health Affairs and its executive office being the Department of Non-communicable Diseases.

The National Committee has been instrumental laying the foundation for tobacco control in Oman with the following being some of its main achievements:

- Obtaining a total smoking ban in all Governmental offices and buildings through the Ministers Cabinet, including all health and educational institutions
- Banning smoking in public transportation
- Banning tobacco advertisement in TV and Radio media
- Banning sponsorship of all sports and art and cultural events
- Prohibition of sales to minors below (18 years) and single sticks

## The Global Youth Tobacco Survey (GYTS – Oman)

---

- Periodic increase of taxes on imported tobacco
- Not providing soft loans and technical support to any tobacco farmer (though tobacco cultivation is extremely limited in Oman)
- Directing the research activities in the country
- Regularly monitoring the activities of the tobacco companies locally and internationally
- Active participation the WHO Framework Convention on Tobacco Control (FCTC)

Many epidemiological studies have been conducted on smoking prevalence in Oman. The Oman Family Health Survey (OFHS) has revealed that over 15% of male adults and 1.5% of females aged 15 years and more were regular smoker of tobacco. This is expected to be an underestimate of the actual prevalence as the methodology of the OFHS involved proxy reporting by parents of many survey participants.

A school based survey, conducted in 1994 among youth aged 12-18 years, showed that at least 5% of boys and 1% of girls were current smokers (see table 1).

**Table 1: prevalence of current and ex-smokers among the three school stages in Oman, 1994.**

	<i>Primary (12+ yrs)</i>	<i>Preparatory (15+yrs)</i>	<i>Secondary (18+ yrs)</i>
Current smoker	2.4	4.8	3.6
Ever smokers	7.3	12.0	12.8

A more recent Adolescent Health Survey conducted in 2001 among students aged 15-19 years, showed an increase of smoking prevalence among both genders to 8% among boys and 7.3% among girls.

In addition to cigarette smoking, there is an alarming growth in the number of young males and female who are using other types of tobacco especially water-pipes and chewing tobacco though magnitude of this problem has not been fully established yet.

### **Objectives of Global Youth Tobacco Survey**

The Global Youth Tobacco Survey (GYTS) is a school based tobacco survey which focuses on adolescents' age 13–15 years. It is designed to gather information about smoking prevalence, knowledge, attitudes and behaviors related to tobacco use, media and advertising in addition to prevention activities in schools' curriculum. It also provides information on where tobacco products are obtained and used by this group of youth.

The GYTS also addresses the following issues, which could be used to monitor the FCTC implementation:

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

1. Determine the level of tobacco use.
2. Estimate the age of initiation of cigarettes use.
3. Estimate the levels of susceptibility to become a cigarette smoker.
4. Estimate the exposure to tobacco advertising.
5. Identify key intervening variables such as attitudes and beliefs norms with regard to tobacco use among people, which can be used in prevention programs.
6. Assess the extent to which major prevention programs are reaching school-based populations and establish the subjective opinions of these populations regarding such intervention.

### **Methods**

The GYTS in Oman is a cross-sectional school based survey, which employed a two-stage cluster sampling design to produce a nationally representative sample of students in grades 8-10 in governmental schools. The final sample selected is a “self-weighting” sample meaning that each student has an equal probability or chance to be selected to perform the survey.

### ***Study design and sampling***

#### ***Stage 1: Selection of schools***

A list of governmental schools eligible to participate in the survey was collected in coordination with Ministry of Education (MOE). Private schools were excluded because of the small number of students’ population in these schools and the need of further precautions and permission to conduct the survey.

The list of eligible schools was forwarded to CDC to draw the sample. The sample was selected with a probability proportional to enrollment size. This meant that large schools (with more students) were more likely to be selected than small ones. A total of 50 schools were selected with no replacement or substitution allowed for schools that did not agree to participate. Due to the low students’ population in some regions, only nine out of eleven educational regions were included in the sample (table 2).

**Table 2: The Nine Regions Involved in the Oman GYTS, 2003.**

<b>Regions Surveyed</b>
1. Muscat
2. Dakhliyah
3. North Batinah
4. South Batinah
5. North Sharqiyah
6. South Sharqiyah
7. North Dhahirah
8. South Dhahirah
9. Dhofar

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

### ***Stage 2: Selection of classes and students***

This stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All classes in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey. So in each school, depending on the number of classes listed, one or two or three of those classes were selected and all students in the selected classes were eligible to participate in the survey. In three schools, the actual size of the classes was very high, thus the total number of classes is small and the randomly selected class did not exist. We selected one class in each school randomly.

A weighting factor was applied to each student's record to reflect the varying probabilities of selection and adjust for non-response patterns. SUDAAN and EPINFO Programs were used to compute the estimates and 95% confidence intervals around the estimates. The weight used for estimation is given by:

$$W = W1 * W2 * F1 * F2 * F3 * F4$$

Where:

W1 = the inverse of the probability of selecting the schools.

W2 = the inverse of the probability of selecting the classes within the school.

F1 = a school level non-response adjustment factor calculated by school size category.

F2 = a classroom level non-response factor calculated for each school.

F3 = a student level non-response adjustment factor calculated by class.

F4 = a post stratified adjustment factor calculated by gender and grade.

### ***Study questionnaire***

The Omani version of the GYTS questionnaire consisted of 72 questions. It was a self-administrated type that consisted of core component and an optional component. The core component allowed for comparison between other countries that have performed GYTS. The optional questionnaire allow for specific issues according to the situation in Oman. The questionnaire was translated in Arabic and reviewed by the Technical Office in the MOE.

### ***Data collection***

Survey procedures were designed to protect students' privacy by allowing for anonymous and voluntary procedures.

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

A one-day training workshop was conducted in the capitol Muscat in March 2003. It aimed to standardize the research methodology. A guidebook was prepared in Arabic and distributed to all research administrators. During the training workshop, the survey was conducted in two schools in the Muscat area (not included in the sample) in order to pilot the survey and assure the research administrators.

A survey team was established in each of the nine regions. It consisted of the school health in-charge as head of the team and 2-3 school health nurses. Each team member was assigned to specific schools and was responsible for delivery and collection of all survey documentations. All necessary materials and copies of papers, envelopes, pens and pencils were offered, free of charge, to the survey administration according to their duties and needs.

Permission to enter the schools and run the survey procedures was granted through an official letter to all educational regions and schools in co-ordination with MOE.

Parents' written consent was obtained. Data collection completed in two weeks time. The research coordinator reviewed the packages of answer sheets, header sheets (containing class code and school code), classroom level forms and school level forms. This was done to establish quality data management throughout the data gathering process. All these packages were collected and sent to CDC for data entry.

### **Analysis**

Analysis was done using EPINFO 2002, a soft ware package that accounted for the complex sampling design and weighing factors in the data set, to calculate standard errors and prevalence estimates. Statistical differences included in this report were determined by comparing the range of 95% confidence interval (95% CI) for the estimates. If the ranges for the 95% CI did not overlap the difference were statistically significant.

### **Results**

A total of 2024 students were invited to participate and 1,962 of them completed the survey. The school response rate was 100%, the student response rate was 96.9% and the overall response rate was 96.9%. Table below illustrates the study subjects by school grade and gender. (44students have no response to this question)

**Table 3: Number of respondents in the Oman GYTS, 2003.**

<i>Grade</i>	<i>Boys (%)</i>	<i>Girls (%)</i>	<i>Total</i>
Eighth	264 (39.1)	412 (60.9)	676
Ninth	291 (59.4)	199 (40.6)	490
Tenth	450 (59.8)	302 (40.2)	752
Total	1005	913	1918

## 1. Tobacco use

**Table 4: Percent of students who use tobacco, Oman GYTS, 2003.**

Category	Ever Smoked Cigarettes, Even One or Two Puffs	Current Users			Never Smokers Susceptible to Initiating Smoking
		Any tobacco product	Cigarettes	Other Tobacco Products	
Total	19.5 (±3.9)	18.2 (±3.9)	9.1(±3.4)	12.8 (±2.5)	14.3 (±2.8)
Boys	31.4 (±5.9)	27.3 (±6.4)	16.2 (±6.1)	17.8 (±4.0)	19.1 (±3.9)
Girls	6.8 (±2.8)	8.9 (±1.8)	1.8 (±1.1)	7.7 (±1.5)	10.6 (±3.7)

Any Tobacco product includes both cigarettes and other tobacco product.

One in five (19.5%) of all students have ever smoked cigarettes (table 3) with ever smoking five times as high for boys (31.4%) compared to girls (6.8%). Approximately one in five students currently use any tobacco products. Over 9% of students currently smoke cigarettes while 12.8% currently use other tobacco products. Current use of any tobacco product, cigarette smoke and use of other tobacco product were significantly higher for boys than girls. Girls who currently use other tobacco products were four times higher than those who are current user of cigarettes.

Over 14% of all students indicate that they were likely to initiate smoking during next year with significant gender differences (twice as high as for boys (19.1%) compared to girls 10.6%).

**Table 5: Percent of students who use Shishah, Oman GYTS, 2003.**

Category	Ever used Shishah	current use Shishah
Total	27.3 (±3.3)	9.9 (±2.6)
Boys	37.2 (±3.7)	16.6 (± 3.6)
Girls	17.2 (± 2.7)	2.6 (± 1.2)

Nearly one third of all students (27.3%) have ever used Shishah, which was twice as high for boys than girls. One in ten of all students (9.9%) currently use Shishah. The figure was five times as high for boys than girls.

**Table 6: Percent of students who use chewing tobacco, Oman GYTS, 2003.**

Category	Ever used chewing tobacco	Currently using chewing tobacco
Total	15.1(±2.8)	9.1(± 2.7)
Boys	20.3 (± 4.3)	15.3 (± 3.7)
Girls	10.2(± 2.4)	2.7 (± 1.4)

15.1% of all students have ever used chewing tobacco with twice as high for boys than girls. One in ten of all students (9.1%) currently use chewing tobacco with five times as high for boys than girls.

## **2. Schools and tobacco**

**Table 7: School Curriculum, Oman GYTS, 2003.**

<i>Category</i>	<i>Percent taught dangers of smoking</i>	<i>Percent discussed reasons why people in their age smoke</i>
Total	46.2 (±5.6)	33.9 (±5.0)
Boys	44.8 (±5.1)	35.5 (±4.9)
Girls	47.0 (±9.6)	31.5 (±8.8)

Less than half of all students were taught in schools during the past year about the dangers of smoking (46.2%) and one third of students had discussed during the past year reasons why people in their age smoke (33.9%). There was no significant difference by gender.

## **3. Cessation**

**Table 8: Desire to quit smoking, Oman GYTS, 2003.**

<i>Current Smokers</i>		
<i>Category</i>	<i>Percent desire to stop</i>	<i>Percent tried to stop this year</i>
Total	77.7 (±11.8)	67.3 (±10.4)
Boys	79.3 (±11.7)	68.7 (±11.9)
Girls	61.6 (±34.7)*	54.7 (±36.9)*

\*The number of respondents (n) in this cell is less than 35

Eight in ten students who currently smoke cigarettes stated that they currently desire to stop smoking (77.7%). Seven in ten students tried to stop smoking during the past year but failed (67.3%)

## **4. Environmental tobacco smoke**

**Table 9: Environmental Tobacco Smoke, Oman GYTS, 2003.**

<i>Category</i>	<i>Exposed to smoke from others in their home</i>		<i>Exposed to smoke from others in public places</i>		<i>Percent think smoking should be banned from public places</i>
	<i>Never Smokers</i>	<i>Current Smokers</i>	<i>Never Smokers</i>	<i>Current Smokers</i>	
Total	16.8 (±3.8)	55.0 (±16.9)	27.4 (±3.4)	81.1 (±10.0)	86.0 (±2)
Boys	15.9 (±4.4)	53.5 (±18.1)	32.1 (±5.0)	80.5 (±11.1)	82.7 (±2.9)
Girls	17.7 (±6.0)	88.6 (±14.9)	23.7 (±5.6)	87.6 (±20.1)	89.3 (±2.9)

The exposure to environmental tobacco smoke for places both inside and outside of the home was three times higher for current cigarette smokers compared to those who have never smoked cigarettes.

## The Global Youth Tobacco Survey (GYTS – Oman)

Approximately nine in ten (86.0%) students think that smoking should be banned in public places.

### 5. Knowledge and attitudes

**Table 10: Knowledge and Attitudes, Oman GYTS, 2003.**

Category	Think boys who smoke have more friends		Think girls who smoke have more friends		Think smoking makes boys look more attractive		Think smoking makes girls look more attractive	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	32.2 (±2.3)	49.6 (±18.4)	16.9 (±2.1)	14.6 (±8.2)	22.1 (±2.7)	43.8 (±19.3)	15.9 (±2.8)	20.1 (±8.0)
Boys	31.9 (±3.8)	52.6 (±19.8)	17.4 (±3.1)	14.8 (±8.9)	22.5 (±3.2)	44.9 (±21.8)	20.5 (±3.3)	29.6 (±29.2)
Girls	32.1 (±2.8)	29.4 (±30.9)	16.0 (±2.7)	5.1 (±9.3)	21.7 (±4.5)	37.6 (±15.7)	21.9 (±8.3)	29.6 (±29.2)

Approximately one third of never smokers (32.2%) think that boys who smoke have more friends while one fifth of them (22.1%) think that smoking makes boys look more attractive with no significant difference between boys and girls. Half of current smokers (49.6%) think that boys who smoke have more friends and (43.8%) think that smoking makes boys look more attractive with no significant difference by gender.

One in five of never smokers think that girls who smoke have more friends and look more attractive (16.9% and 15.9% respectively) with no significant difference between males and females. One in five of current smokers think that girls who smoke have more friends and look more attractive (14.6% and 20.1% respectively) with no significant difference between males and females.

**Table 11: Attitude towards smoking from others and Shishah, Oman GYTS, 2003.**

Category	Definitely think smoke from others is harmful to them		Think that Shisha is less harmful than cigarette	
	Never Smokers	Current Smokers	Never used Shishah	Current use Shishah
Total	54.7 (± 3.5)	35.5 (±14.6)	34 (± 4.9)	43.6 (± 7.2)
Boys	49.6 (±4.7)	34.6 (±16.0)	32.8 (± 7)	42.4 (± 9.2)
Girls	58.2 (±4.5)	41.0 (±37.7)*	35.6 (±7.2)	47 (±9.0)

\*The number of respondents (n) in this cell is less than 35

Nearly four in ten of current smokers (35.5%) and more than half of non-smokers (54.7%) definitely think that smoke from others is harmful to them with no significant difference between boys and girls. Nearly four in ten of current use of Shishah (43.6%) and one third of never use Shishah (34%)

## The Global Youth Tobacco Survey (GYTS – Oman)

think that Shishah is less harmful than cigarettes with no significant difference between boys and girls.

### 6. Media and advertising

**Table 12: Media and Advertising, Oman GYTS, 2003.**

Category	Percent Saw Anti-Smoking Media Messages	Percent Saw Pro-Tobacco Messages in Newspapers and Magazines		Percent Who Had Object With a Cigarette Brand Logo On It		Percent Offered Free Cigarettes by a Tobacco Company Representative	
		Never Smokers	Current smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	74.1 (±1.9)	63.5 (±3.9)	76.3 (±10.2)	10.8 (±2.1)	14.7 (±7.6)	11.8 (±1.9)	14.3 (±7.2)
Boys	75.3 (±2.4)	63.6 (±5.9)	77.7 (±11.1)	14.0 (±4.6)	11.8 (±7.4)	13.5 (±2.4)	12.2 (±6.9)
Girls	72.7 (±3.1)	63.2 (±6.8)	73.8 (±14.4)	8.1 (±1.3)	37.6 (±15.7)	10.8 (±12.4)	27.3 (±18.3)

Three-fourth of students (74.1%) saw anti-smoking media messages in the past 30 days. Six in ten of never smokers (63.5%) and eight in ten current smokers (76.3%) saw pro-tobacco messages in newspapers and magazines during the past 30 days. One in ten of both never smokers (10.8%) and current smokers (14.7%) had an object with a cigarette brand logo on it with significant between male and female current smokers. One in ten of both never smokers (11.8%) and current smokers (14.3%) were offered free cigarettes by tobacco company representative.

### 7. Access and availability

**Table 13: Access and Availability, Oman GYTS, 2003.**

Category	Percent Current Smokers who Usually Smoke at Home	Percent Current Smokers who Purchased Cigarettes in a Store	Percent Current Smokers Who Bought Cigarettes in a Store Who Were Not Refused Because of Their Age
Total	12.3 (±7.2)	42.6 (±18.0)	85.6 (±13.3)
Boys	8.4 (±7.0)	46.2 (±19.1)	84.8 (±14.3)
Girls	53.2 (±25.3)	4.6 (±9.0)	100.0 (±0.0) *

\*The number of respondents (n) in this cell is less than 35

One in ten of current smokers (12.3%) usually smoke at home. Six times as many female current smokers smoke at home compared to male current smokers (53.2% and 8.4% respectively). Less than half of current smokers (42.6%) purchase cigarettes in a store. Nine times as many male current smokers purchase cigarettes in a store. Nine in ten of current smokers (85.6%) had not been refused purchase because of their age.

### **Discussion**

The Global Youth Tobacco Survey in Oman is a first national school-based survey, which was conducted among students in grades 8–10. Many studies were conducted to measure the prevalence of smoking among school children but the GYTS is considered the first study in Oman concerning issues about other tobacco products, school curriculum and the effect of media. As it used the same standardized core questionnaire and protocol as many neighboring countries like Kuwait, the United Arab Emirates and the kingdom of Saudi Arabia, it enables us for the first time to make cross country comparison in prevalence and other related issue concerning tobacco use.

The Oman GYTS shows a high prevalence of tobacco use among school students. Nearly one-fifth of students currently use any tobacco products with 9.1% currently smoke cigarettes and 12.8% currently use other tobacco products such as water-pipes (Shishah) and smokeless chewing tobacco. These prevalence rates are similar to those published in the United Arab Emirates (UAE) and Kuwait.

As expected boys were significantly higher than girls to have ever tried smoking cigarettes. However, as shown by the recent media campaigns, the tobacco companies make relentless efforts to conquer this segment of the youth of the Omani society.

The survey data showed the fact that, for this segment of the population, water-pipe (Shisha) consumption is as much prevalent as cigarettes.. This was to be expected as recently municipal rules to grant permission to Shishah cafes were relaxed and consequently such cafes flourished rapidly not only in the capital Muscat but also to other regions where in the past tough regulation were enforced. Surprisingly enough is the fact that girls who currently use other tobacco product were four times higher than those who smoke cigarettes illustrating the need to encompass all types of tobacco use when developing intervention strategies.

Over 14% of all students indicated that they were likely to initiate smoking during the next year with significant difference, twice as high for boys compared to girls. This figure is alarming and need more efforts to establish intervention programs to protect them. It is not clear as to why these students felt particularly vulnerable to tobacco use.

Most international studies show a strong desire by adult smoker to quit the habit. This appears to be the case also for young people the vast majority of whom were current smokers (77.7%) stated that they currently desire to stop smoking. However, seven in ten students tried to stop smoking during the past year but failed.

During the past two decades, research conducted world wide showed that tobacco consumption in any form and exposure to environmental tobacco

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

smoke can cause numerous diseases and disability. The GYTS in Oman showed that the exposure of young people to environmental tobacco smoke for places both inside and outside of the home is high with exposure being three times more in current smokers than the never smokers.

However the data revealed a positive students' attitude that must be appreciated. Approximately nine in ten students think that smoking should be banned in public places. Currently there are no comprehensive national legislations to protect the general public from exposure to tobacco smoke. Accordingly administrators of the public facilities can choose when, where and if they there is a need to ban smoking in public places like restaurants and cafes or recreation facilities and children play areas. Unfortunately, often is the case that they opt not to.

Health education programs should be strengthened to alert the current smokers about the harmful effect of smoking on themselves and others. However without strong legislations in place it is unlikely that such efforts can lead to change in individual behavior.

An important implication of the data is exemplified by the fact that more current smokers have "positive attitude" regarding smoking than never smokers. Approximately half of the current smokers compared to one third of never smokers think that boys who smoke have more friends and smoking makes them more attractive. On the contrary, both never and current smokers are less likely to think that girls who smoke have more friends and more attractive.

Over one third of current smokers and more than half of non-smokers definitely think that smoke from others is harmful to them with no significant difference between boys and girls. Nearly four in ten of current users of Shishah (43.6%) and one third of never users of Shishah think that Shishah is less harmful than cigarettes with no significant difference between boys and girls. This leads to a conclusion that there is misunderstanding and ignorance of the consequent hazards of smoking especially Shishah. The problem is compounded by the lack of research on Shishah and its wider acceptability and popularity in the eastern societies.

Less than half of all students were taught in schools during the past year about the dangers of smoking and one third of students had discussed during the past year reasons why people their age smoke. There was no significant difference by gender. Messages on health hazards of tobacco are being given to students at higher levels (grade 11 and beyond). As the survey data indicated that smoking is imitated at early ages, tobacco control education including school curriculum and health education needs to start at a very young age. While the survey could provide an indication of whether tobacco

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

control was taught in the school, it cannot comment on the content or intensity of the curriculum given.

Educational program can serve a useful role in tobacco control. However, unless they are backed up by strong public health policies, which help young people, refrain from using tobacco, educational programs have only modest results.

As yet there is no comprehensive ban on tobacco advertisement in Oman, the GYTS provides very strong evidence that a total ban on tobacco advertisement is needed. Three in four students saw anti-smoking media messages in the past 30 days. Six in ten of never smokers and eight in ten current smokers saw pro-tobacco messages in newspapers and magazines during the past 30 days. One in ten of both never smokers and current smokers had an object with a cigarette brand logo on and one in ten of both never smokers and current smokers were offered free cigarettes by tobacco company representative. This could be explained by either the total lack of regulation from the Ministry of Commerce and Industry and/or that the tobacco companies pay no attention to what ever restriction imposed by the this Ministry and highlights the need for a complete ban on any tobacco promotion as part of a comprehensive ban of advertising.

One in ten of current smokers usually smoke at home. Six times as many female current smokers smoke at home compared to male current smokers (53.2% & 8.4% respectively). These data reveal that there is absence of parental guidance on objection to smoking, which is an important factor to prevent young people from smoking.

Despite a national law banning tobacco sales to minors and single stick sales, still nearly half of youth buy their cigarettes from stores and nine in ten of current smokers stated that they had an access to get cigarettes easily which encourage them to continue smoking.

### **Conclusion and recommendations**

The Oman GYTS 2003, has shown high prevalence of ever smoking among students in age of 13–15. There is an alarming growth in the number of young people who use other types of tobacco especially Shishah and chewing tobacco.

The study highlights the need for an urgent action to curb this epidemic, through a comprehensive national tobacco control legislation and other components like persistent educational messages. Recent, the Gulf Cooperation Council's (GCC) Health Ministers have acted firmly on issues such as tobacco taxation, a move which lead to increase in tobacco prices by almost 50%. Another move was seen by individual states such as the state of Qatar which successfully became the first country to issue a comprehensive

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

national tobacco control legislation. As we write these lines, the Kingdom of Saudi Arabia has also followed the suite. All these efforts were culminated by signing the international tobacco control treaty (The WHO Framework Convention on Tobacco Control) also known as FCTC by three of the seven GCC states (Kuwait, Qatar, and Yemen).

Unfortunately, Tobacco companies play a very strong role in attracting young people in Oman to smoke and still controlling the markets. (promotional activities and advertisements)

The authors recommend the following:

- 1.
2. Creation of wide anti-smoking campaigns to focus on prevention of smoking for adolescents.
3. Design and implement cessation program for school based adolescent tailored counseling program and make this more accessible for everyone who wish to quit.
4. Intervention strategies to increase awareness of adults especially parents about the harmful effects of smoking on themselves and their children.
5. Reducing youth access to tobacco products through enforcement of legislations that prevent minors from purchasing cigarettes and other tobacco products and that ban advertisement in mass media.
6. Better use of mass media to increase awareness of the community about the harmful effects of tobacco smoking especially other tobacco products.
7. Further increase in Tobacco taxes.

GYTS should be repeated every 3 years as recommended by WHO and it should be an integral part of the school based surveillance system. This will provide a more comprehensive picture of tobacco- using behavior and related determinants among youth.

### **References**

1. [www.cdc.gov/tobacco/global/overview.htm](http://www.cdc.gov/tobacco/global/overview.htm).
2. Ministry of Health. Knowledge, attitude and practice among school students with respect to nutrition, hygiene and smoking [Arabic]. Muscat: Ministry of Health, 1995
3. Ministry of Health. Oman Family health survey, part of the Gulf Family Health Survey. Muscat: Ministry of health, 1995
4. Ministry of Health. Towards better understanding of youth: Study of knowledge, attitude and practice among secondary school students with respect to general and reproductive health using self-administered questionnaire [Arabic]. Muscat: Ministry of Health, 2001

## **The Global Youth Tobacco Survey (GYTS – Oman)**

5. WHO/EMRO. Country Profiles on tobacco control in Eastern Mediterranean region Cairo 2002
6. Bresslu N, Peterson EL. Smoking Cessation in young Adult: Age at initiation of cigarette smoking and other suspected influence. American Journal of Public Health. 1996; 86:214-220
7. Fikri Mahmoud, Abi Saab Bassam. Global Youth Tobacco Survey, United Arab Emirates report 2002
8. El Nasser Sami. Report on the results of the Global Youth Tobacco Survey in Kuwait.2001

### **Acknowledgment**

The following organizations, ministries and individuals have contributed towards the successful implementation of this survey:

#### **Ministry of Health:**

Dr. Ali bin Jaffer Mohamed	Director General oh Health affairs
Dr. Sahar Abdou Helmi	Superintendent , school health department
Dr. Jawad Al-Lawatia	Director, Non-communicable disease Department
Dr. Issa Al Shuaili	Medical officer, Department of Non-communicable disease
Mr. Uosif bin Said Al-Rahbi	Health Inspector, Department of non communicable disease

#### **Ministry of Education:**

Al Sayeda Sanaa bint Hamed Al Bosaidi	Director General of Relations and Information
Mr. Ahmed bin Ismail Al-Boloshi	Department of Guidance and education

#### **World Health Organization:**

Dr. Fatima A. Awa	Acting Regional Adviser, Tobacco Free Initiative
-------------------	--------------------------------------------------

#### **Center for Disease Control and Prevention- Office on smoking and Health**

Dr. Charles W. warren	Distinguished Fellow Statistician
Mr. Curtis Blanton	Statistician
Ms. Varonica Lea	Epidemiologist
Ms. Juliette Lee	Epidemiologist

## The Global Youth Tobacco Survey (GYTS – Oman)

### **Field Supervisors:**

Dr. Absahr Ma'mon Hassan	Head section school health , South Batina region
Dr. Atef Mohamed Mostafa	Head section school health , North Batina region
Dr. Ahmed Mohamed Anani	Head section school health , Al Dakhilia region
Dr. Hala Ahmed Taha	Head section school health , North Sharqia region
Dr. Tawfiq Asham Tawfiq	Head section school health , Dhofar region
Dr. Amani Edward Anis	Head section school health , Al Dhahira region
Dr. Mariam Abdulla Al- Wa'li	Acting head section school health , Muscat region
Dr. Maraiam Salem Al Khusabii	Medical Officer, Muscat region

### **Researchers: ( All are school health nurses)**

Ayman Mahmud Hamid Al Boloshi	Muscat region, MOH
Laila Ahmed Al- Harthi	Muscat region, MOH
Hanaa Abdel Samia Awaad	Muscat region, MOH
Azan Shams Kahlan Al Batashi	Muscat region ,MOH
Salem Mohamed Suliman Al Raqadi	Muscat region, MOH
Ahmed Said Mustahil	Dhofar region, MOH
Mariam Mohamed Al Nofali	North Batina region, MOH
Noora Hamid Hamed Al Kalbani	North Batina region, MOH
Naima Khasif Zaid Al Mahrizi	North Batina region, MOH
Amna Mohamed Salm Al Khusabi	North Batina region, MOH
Rahma Mohamed Abd el Ghafor Al Farsi	South Batina region, MOH
Hafidha Said Khamis Al Khazmi	South Batina region, MOH
Fatma Juma Abdulla Al Khaait	South Batina region, MOH
Alia Saif Masood Al Bahri	South Batina region, MOH
Fatma Ali Khamis Al Marzoqi	South Batina region, MOH
Salm Mohamed Ali Al Badi	Dhahira region, MOH
Said amer Humaid Al Abri	Dhahira region, MOH
Amna Dhalam Salem Al Naimi	Dhahira region, MOH
Mohamed Masood Saif Al Shaqsi	Dakhilia region, MOH
Ali Salem Mohamed al Salmi	Dakhilia region, MOH
Masood Salam Mabrook Al Amri	Dakhilia region, MOH
Aisha Naser Ali AlAbdli	Dakhilia region, MOH
Samira Obiad Al Ta'ai	Dakhilia region, MOH
Safia Abdulla Homod Al Bosaidi	North Sharqia region, MOH
Riaa Said Mohamed Al Hajri	North Sharqia region, MOH
Hasnaa Khalfan Said Al Toqi	North Sharqia region, MOH
Said Ali Hamed al Satmi	South Sharqia region, MOH

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

### **Administration Staff:**

Mohamed Suliman Al farsi	Head Section of Administration and finance
Suhail Hamdan Adam Al Zedjali	Financial Officer
Safiya Salem Abdulla Al Harthi	Secretary, School health department
Helal Ali Naser Al Khawaldi	Secretary, Non communicable disease department

**STUDENT QUESTIONNAIRE**

THE NEXT 13 QUESTIONS ASK YOU ABOUT YOUR USE OF TOBACCO

**1. Have you ever tried or experienced with cigarette smoking, even one puff?**

- a. Yes
- b. No

**2. How old were you when you first tried a cigarette?**

- a. I have never smoked cigarettes.
- b. 7 years old or younger.
- c. 8 or 9 years old
- d. 10 – 11 years old
- e. 12-13 years old
- f. 14-15 years old
- g. 16 years old or older.

**3. During the past 30 days (one month), on how many days did you smoke cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**4. During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?**

- a. I did not smoke cigarettes during the past 30 days (one month).
- b. Less than one cigarette per day.
- c. 1 cigarette per day
- d. 2 to 5 cigarette per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarette per day

**5. During the past 30 days (one month), how did you usually get your own cigarettes?**

(SELECT ONLY ONE RESPONSE)

- a. I did not smoke cigarette during the past 30 days ( one month)
- b. I bought them in a store, shop or from a street vendor
- c. I gave someone else money to buy them for me
- d. I borrowed them from someone else.

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

- e. I stole them
- f. An older person gave them to me.
- g. I got them some other way.

**6. During the past 30 days (one month) what brand of cigarettes did you usually smoke? (SELECT ONLY ONE RESPONSE)**

- a. I did not smoke cigarettes during the past 30 days.
- b. No usual brand
- c. Marlboro
- d. Dunhill
- e. Rothmans
- f. L&M
- g. Light
- h. Other

**7. How much do you usually pay for a pack of 20 cigarettes?**

- a. I don't smoke cigarettes
- b. I don't buy cigarettes, or I don't buy them in packs
- c. Less than 200 Biosa
- d. 300 Biosa
- e. 400 Biosa
- f. 500 Biosa
- g. 600 Biosa
- h. More than 600 Biosa

**8. During the past 30 days (one month), how much do you think you spent on cigarettes?**

- a. I don't smoke cigarettes
- b. I don't buy my cigarettes
- c. 6 Omani Rials
- d. 9 Omani Rials
- e. 12 Omani Rials
- f. 15 Omani Rials
- g. 7 18 Omani Rials
- h. More than 18 Omani Rials

**9. How much pocket money do you get?**

- a. I don't receive any pocket money
- b. 100 – 200 Biosa
- c. 300 – 400 Biosa
- d. 500 Biosa (Half Rial)
- e. 600 – 900 Biosa
- f. One Omani Rial daily
- g. More than one Omani Rial daily

**10. During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?**

- a. I don't buy cigarettes
- b. Yes, someone refused to sell me cigarettes because of my age.
- c. No, my age did not keep me from buying cigarettes.

**11. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (chewing tobacco, snuff, shisha (Hubble-Bubble)?**

- a. Yes
- b. No

**12. Where do you usually smoke cigarettes? (SELECT ONLY ONE RESPONSE)**

- a. I have never smoked cigarettes.
- b. At home
- c. At school
- d. At friend's house
- e. At social events
- f. In public places (e.g. street, coffee shops, cinema, etc)
- g. Other

**13. Do you have a cigarette or feel like having a cigarette first thing in the morning?**

- a. I have never smoked cigarettes.
- b. No
- c. Yes, sometimes
- d. Yes, daily

**THE NEXT QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO**

**14. Do your parents smoke?**

- a. Non
- b. Both
- c. Father only
- d. Mother only
- e. I don't know.

**15. If one of your best friends offered you a cigarette, would you smoke it?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**16. Has anyone in your family discussed the harmful effects of smoking with you?**

- a. Yes
- b. No

**17. At any time during the next 12 months, do you think you will smoke a cigarette?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**18. Do you think you will be smoking cigarettes 5 years from now?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**19. Once someone has started smoking, do you think it would be difficult to quit?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**20. Do you think boys who smoke cigarettes have more or less friends?**

- a. More friends
- b. Less friends
- c. No difference from non- smokers.

**21. Do you think girls who smoke cigarettes have more or less friends?**

## **The Global Youth Tobacco Survey (GYTS – Oman)**

---

- a. More friends
- b. Less friends
- c. No difference from non- smokers.

**22. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or other social gatherings?**

- a. More comfortable
- b. Less comfortable
- c. No difference from non- smokers

**23. Do you think smoking cigarettes makes boys look more or less attractive?**

- a. More attractive
- b. Less attractive
- c. No difference from non- smokers

**24. Do you think smoking cigarettes makes girls look more or less attractive?**

- a. More attractive
- b. Less attractive
- c. No difference from non- smokers

**25. Do you think smoking cigarettes makes you gain or lose weight?**

- a. Gain weight
- b. Loss weight
- c. No difference from non- smokers.

**26. Do you think smoking cigarettes makes is harmful to your health?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**27. Do your closest friends smoke cigarettes?**

- a. Non of them
- b. Some of them
- c. Most of them
- d. All of them

**28. When you see a man smoking, what do you think of him?**  
(SELECT ONLY ONE RESPONSE)

- a. Lacks confidence
- b. Stupid
- c. Loser
- d. Successful
- e. Intelligent
- f. High class
- g. Not following his religious teachings

**29. When you see a woman smoking, what do you think of her?**  
(SELECT ONLY ONE RESPONSE)

- a. Lacks confidence
- b. Stupid
- c. Loser
- d. Successful
- e. Intelligent
- f. High class
- g. Not following his religious teachings

**30. Do you think it is safe to smoke for only a year or two as long as you quit after that?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

THE NEXT QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING

**31. Do you think the smoke from other people's cigarettes is harmful to you?**

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

**32. During the past 7 days, on how many days have people smoked in your home, in your presence?**

**The Global Youth Tobacco Survey (GYTS – Oman)**

---

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

**33. During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

**34. Are you in favor of banning smoking in public places (such as in restaurants, in buses, cars, in schools, in sports areas, etc)?**

- a. Yes
- b. No

THE NEXT QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

**35. Do you want to stop smoking now?**

- a. I have never smoked cigarettes
- b. I don't smoke now
- c. Yes
- d. No

**36. During the past year, have you ever tried to stop smoking cigarettes?**

- a. I have never smoked cigarettes
- b. I don't smoke now
- c. Yes
- d. No

**37. How long ago did you stop smoking?**

- a. I have never smoked cigarettes.
- b. I have not stopped smoking
- c. less than one month
- d. 1-3 months
- e. 4-11 months
- f. one year

- g. two years
- h. three years or more

**38. What was the main reason you decided to stop smoking? (SELECT ONE RESPONSE ONLY)**

- a. I have never smoked cigarettes
- b. I have not stopped smoking
- c. To improve my health
- d. To save money
- e. Because my family does not like it.
- f. Because my friends don't like it
- g. Because it is against my religious teachings

**39. Do you think you would be able to stop smoking if you wanted to?**

- a. I have never smoked cigarettes.
- b. I have already stopped smoking cigarettes.
- c. Yes
- d. No

**40. Have you ever received help or advice to help you stop smoking?(SELECT ONE RESPONSE ONLY)?**

- a. I have never smoked cigarettes
- b. Yes, from anti smoking program
- c. Yes, from a friend
- d. Yes, from a family member
- e. Yes , from more than one
- f. No

THE NEXT QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING?

**41. During the past 30 days (one month), how many anti-smoking messages (e.g., television, radio, newspapers, magazines and movies) have you seen or heard?**

- a. A lot
- b. A few
- c. Non

**42. When you go to sport events, concert, social gatherings, how often do you see anti-smoking messages?**

- a. I never go to sports events, concert, social gatherings
- b. A lot
- c. Sometimes
- d. Never

**43. When you watch TV, videos, or movies, how often do you see actors smoking?**

- a. I never watch TV, videos, movies
- b. A lot
- c. A few
- d. Never

**44. Do you have something (t-shirt, pen, backpack) with a cigarette brand logo on it?**

- a. Yes
- b. No

**45. During the past 30 days (one month), when you watched sports or other programs on TV, how often did you see cigarette brand names?**

- a. I never watch TV
- b. A lot
- c. A few
- d. Non

**46. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboard?**

- a. I A lot
- b. A few
- c. Non

**47. During the past 30 days (one month), how many advertisements for cigarettes have you seen in newspapers or magazines?**

- a. A lot
- b. A few
- c. Non

**48. When you go to sports events, fair, concerts or community events, how often do you see advertisements for cigarettes?**

- a. I never attend sports events, fairs, concerts or community events.
- b. A lot
- c. A few
- d. Non

**49. Has a cigarette representative ever offered you a free cigarette?**

- a. Yes

- b. No

THE NEXT QUESTIONS ASK ABOUT WHAT YOU WERE TAUGHT ABOUT SMOKING IN SCHOOLS

**50. During this school year, were you taught in any of your classes about the danger of smoking?**

- a. Yes
- b. No
- c. Not sure

**51. During this school year, did you discuss in any of your classes the reasons why people your age smoke?**

- a. Yes
- b. No
- c. Not sure

**52. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles or makes you smell bad?**

- a. Yes
- b. No
- c. Not sure

**53. How long did you last discuss smoking and health as part of a lesson?**

- a. Never
- b. This school academic year
- c. Last school academic year
- d. More than one year

**54. How old are you?**

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old or older

**55. What is your nationality?**

- a. Omani

- b. Non Omani

**OTHER QUESTIONS:**

**56. Do your parents know that you smoke?**

- a. I don't smoke
- b. Yes
- c. No

**57. Have you ever used chewing tobacco, snuff?**

- a. Yes
- b. No

**58. How old were you when you used chewing tobacco or snuff?**

- a. I have never used
- b. 7 years old or younger
- c. 8-9 years old
- d. 10 – 11 years old
- e. 12 – 13 years old
- f. 14 – 15 years old
- g. 16 years old or older

**59. In the past 30 days, how many days did you use chewing tobacco or snuff?**

- a. 0 days
- b. 1- 2 days
- c. 3- 5 days
- d. 6- 9 days
- e. 10 – 19 days
- f. 20 – 29 days
- g. All 30 days

**60. Where do you usually use chewing tobacco or snuff?**

- a. I have never used chewing tobacco or snuff
- b. I no longer use chewing tobacco or snuff
- c. When I am alone
- d. In the company of friends
- e. At home
- f. At school
- g. Others

**61. During the past 30 days (one month), how did you usually get your own chewing tobacco or snuff? (SELECT ONLY ONE RESPONSE)**

- a. I did not use chewing tobacco or snuff during the past 30 days
- b. I bought them in a store, shop or from a street vendor
- c. I gave someone else money to buy them for me
- d. I borrowed them from someone else.
- e. I stole them
- f. An older person gave them to me.
- g. I got them some other way.

**62. When you bought or tried to buy chewing tobacco, snuff in a store during the past 30 days (one month), were you ever asked to show proof of age?**

- a. I did not buy or try to buy chewing tobacco or snuff
- b. Yes, I was asked to show proof of age
- c. No. I was not asked to show proof of age.

**63. During the past 30 days (one month), did anyone ever refuse to sell you chewing tobacco or snuff because of your age?**

- a. I don't buy chewing tobacco or snuff
- b. Yes, someone refused to sell me because of my age.
- c. No, my age did not keep me from buying chewing tobacco or snuff

**64. Do you want to stop using chewing tobacco or snuff?**

- a. I have never used chewing tobacco or snuff.
- b. Yes
- c. No

**65. During the past year, have you ever tried to stop using chewing tobacco, snuff?**

- a. I have never used chewing tobacco or snuff
- b. Yes
- c. No

**66. Have you ever used Shisha ( Hubble- Bubble)?**

- a. Yes
- b. No

**67. How old were you when you used Shisha ( Hubble- Bubble)?**

- a. I have never used
- b. 7 years old or younger
- c. 8-9 years old

**The Global Youth Tobacco Survey (GYTS – Oman)**

---

- d. 10 – 11 years old
- e. 12 – 13 years old
- f. 14 – 15 years old
- g. 16 years old or older

**68. In the past 30 days, how many days did you use Shisha (Hubble-Bubble)?**

- a. 0 days
- b. 1- 2 days
- c. 3- 5 days
- d. 6- 9 days
- e. 10 – 19 days
- f. 20 – 29 days
- g. All 30 days

**69. Where do you usually use Shisha (Hubble- Bubble)?**

- a. I have never used Shisha (Hubble- Bubble)?
- b. I no longer use Shisha (Hubble- Bubble)?
- c. When I am alone
- d. In the company of friends
- e. At home
- f. At school
- g. In restaurants and coffee shops

**70. Do you think that Shisha (Hubble- Bubble) is less harmful than cigarettes?**

- a. Yes
- b. No
- c. No difference

**71. During the past 30 days (one month), did anyone ever refuse to sell you Shisha (Hubble- Bubble) because of your age?**

- a. I don't buy Shisha ( Hubble- Bubble)
- b. Yes, someone refused to sell me because of my age.
- c. No, my age did not keep me from buying Shisha ( Hubble- Bubble)

**72. What is you gender?**

- a. Male
- b. Female

**THANK YOU FOR YOUR COOPERATION**